Primary Care Physician Advisory Committee
Meeting Minutes, May 15, 2013

Members Present: Elizabeth Lange, MD, Co-Chair; Kathryn Koncsol-Banner, MD, Co-Chair; Michael Fine, MD, Director of HEALTH; David Ashley, MD; Jeffrey Borkan, MD; David Bourassa, MD; Mark Braun, MD; Steven DeToy; Diane Siedlecki, MD; Peter Simon, MD, MPH; Patrick Sweeny, MD, PhD, MPH; Richard Wagner, MD; Newell Warde, PhD. Guests: Mary Evans; Tiffany Hogan; Deborah Garneau, HEALTH Staff; Cristina Carter-Vallejo, HEALTH Staff.

Members and Alternates Unable to Attend: Gregory Allen, Jr., DO; Munawar Azam, MD; Thomas Bledsoe, MD; Stanley Block, MD; Denise Coppa, PhD, RNP; Nitin Damle, MD; Michael Felder, DO, MA; Sara Fessler, MD; Patricia Flanagan, MD; Cynthia Holzer, MD, CMD; Steven Kempner, MD; Christopher Koller; Anne Neuville, RNP; Ana Novais, MA; Albert Puerini Jr., MD; David Robinson, EdD.

Open Meeting/Old Business

- Review/Approval of meeting minutes

Meeting minutes were approved with request to include in minutes only big concepts discussed without reference to individual names and details during discussions.

- **1st Presentation: Opportunities to Improve Primary Care – Louis R. Giancola**

  - PCPAC Guest, Louis Giancola, also President and CEO of South County Hospital's Healthcare System shared the successes and struggles South County Hospital has encountered during previous years.
  - South County Hospital's mission and vision focuses on promoting the well-being of the residents and visitors of South County's patient centered community, while enriching the quality of life by delivering remarkable quality of healthcare services.
  - South County Hospital has been very engaged in the journey of expanding Patient Centered Medical Homes.
    - Reached out to seven other practices, combining eighteen physicians, to create a vision to further help describe and characterize a Patient Centered Medical Community.
    - The group agreed to participate in CSI (Chronic Care Sustainability Initiative), and also decided to support the concept of a Patient Centered Medical Community.

- The difference between many other PCMH practices and South County's Patient Centered Medical Community is that the hospital and the Primary Care physicians agreed to partner together in attempt to improve the health of the population, particularly attacking the care of chronic disease. At the same time, they also aspire to control the amount of people in the Emergency Department and the inpatient setting.
- Hospitals need to become more like delivery systems instead of just hospitals.
- South County Hospital agreed to employ Nurse Care Managers in primary care network.
    - Hiring Nurse Care Managers allowed South County Hospital to have a consistent connection with Nurse Care Managers which also provides frequent opportunities to strengthen and build a relationship.
- South County Hospital also focused on implementing an efficient information flow between the Emergency Department and other practices, and also from the inpatient setting to other practices.
    - Enhancing the information flow has facilitated and also improved transitions of care throughout the hospital as well.
- Another important component South County Hospital is currently still working on is attempting to replicate the concept of being a community health team using the resources that the hospital has in nutrition, diabetic education, pulmonary and cardiac rehabilitation, which is mostly for elderly individuals but is also offered to younger people in need of wellness programs.
- South Count has made pharmacy resources available to the practices and especially the patients.
- South County is making improvements in medication reconciliation by assigning a pharmacy technician to ED, and placed on hospital floors and in the community.
- Now exploring how to become more involved in psychiatry by hiring advanced practice nurses who are responsible for scheduling outpatient appointments from Patient Centered Medical Homes, and whom have been granted priority access for difficult Behavioral Health patients.
- South County is currently working on acquiring a Behavioral Health Nurse Care Manager and are looking into a grant to fund this position to be responsible for working with all practices and their behavioral health patients.
- Overall, South County has seen a large decrease in medical admissions, and majority of the decline comes from Patient Centered Medical Homes.

Discussion

- How has South County Hospital has made this process affordable considering they are "putting themselves out of business", and what is expected out of the model in the next four years.

    - South County Hospital has been very fortunate because as medical admissions have declined, orthopedic admissions have increased. Factors like an aging population and new techniques that have become available. Due to the small size of South County Hospital's

surrounding community, risk contracting is not an option unless a partnership is obtained. And, there are other competitive practices forming in the current environment that create challenges for South County. The balanced model is yet to emerge.

- What kinds of attempts, cooperation, collaboration, or even integration have taken place with URI.?
    - South County has had great results while working with URI even though the relationship with URI is not the "in-depth" relationship hoped for. Students from URI's Nursing Program, the School of Business, and the School of Pharmacy are working with South County on different projects. Some graduates are hired to work in South County Hospital. A contract was made with Advanced Practice Nurses to work in the ED with patients admitted with behavioral health problems. Since then, a few more Advanced Practice Nurses have been added to South County Hospital..
- One participant observed that the hospital is a very important part of the area and praised South County's orthopedic practice.
- Dr. Fine acknowledged South County's efforts and progress during the previous years; he highlighted the hospital's focus in Primary Care, and honored the sophisticated models of South County's healthcare system.
- South County Hospital has had difficulties recruiting physicians. A few physicians have come from Dr. Borkan's program. But recruiting and retaining people in the community is a formidable task. Dr. Giancola also informed the members of South County's efforts to expand South County's health system into Westerly, RI. A physician needs assessment is currently being conducted throughout the entire county.
- Dr. Banner then asked if South County uses one system for information flow.
    - South County uses about five electronic health records, among those, the main ones being Meditech and eClinicalWorks. Soon, the hospital and the practices that have joined the hospital will be installing Greenway as a single medical record.
- To what extent has the evolving Health Information Exchange (HIE) been helpful, could be more helpful, or how has it fit into South County's current situation?

South County may have the most penetration in terms of enrollment in the Health Information Exchange. Although, hardly anyone uses the Current Care HIE to learn about how their patients are doing, which is why South County's IT person is responsible for training physicians on this program. The training includes a half hour webinar.

- Another member asked about South County's efforts at medication reconciliation. Hospitals in the Providence area have been working on medication reconciliation, and have not been successful at the practice. How is South County handling this transition, and what types of information sharing is being provided to the people responsible of administering appropriate care after a patients' discharge?
    - At South County Hospital the first step for the Pharmacy Technician in the Emergency Department is to question and examine every source. Pharmacies can be contacted, and information may also be accessed online if the patient has insurance and a claim was made. The flaw that has been discovered is that individuals who buy drugs out-of-pocket cannot be tracked with the claim system. This is a big deal for practices like Thundermist who serve a number of uninsured patients.
- Another member informed the group that some medications may be found in the Controlled Substances site.

    - When a patient is discharged from the ED or from the hospital, their information is sent to an identified responsible party in a typed document.
- To what extent do South County's primary care doctors admit and attend their own patients seeing how most of Rhode Island's population uses hospitals.
    - Only the physicians see their own patients, however, he believes that can be overcome. At South County Hospital within twenty-four hours of a patient being seen, their physician needs to have received information about the service their patient received, a summary of their stay, and in some occasions, we are allowed to also schedule follow-up appointments. South County is also supposed to give medication reconciliation along with post-discharge instructions. Except for some remaining problems with medication reconciliation, South County Hospital has performed extremely well.
- Members agreed, and said medication reconciliation is in fact a challenging task to accomplish, therefore, it is nice to hear about someone actually trying hard, rather than hardly trying and saying they are.

- **2nd Presentation: Follow Up Discussion of Primary Care Trust and Neighborhood Health Stations**

    - The purpose of this discussion was to formalize a letter to support the Primary Care Trust study commission.
    - One member shared his personal idea of starting the transition as a school-based clinic where there is available space, support from the school systems, and participation from students and their family members is welcome, rather than setting up independent satellite offices around the state.
    - While there are any number of approaches to building out primary care, the real challenge is to finance an integrated and robust community-focused primary care team including behavioral health, physical therapy, home health, and other health services needed in a community.
    - The primary care community has been buffered by powerful organizations for the last fifty years, and so far attempts to recover has not succeeded. Now is the time to try to organize a financing system that works for providers, patients, communities, and public health.
    - Concerns were raised about the splitting of primary care into multiple systems in Rhode Island rather than create a single system of primary care.
    - The Primary Care Trust is planned to allow some administrative simplification and help practices get rid of the burden of having to deal with multiple billing systems, or QA/QI systems, and take the chaos out of the environment. At the same time providers may continue practicing as before if they choose.
    - Does supporting the Primary Care Trust mean that a provider would not be able to join another system of care?

- First, if you are an ACO and the Primary Care Trust exists, creating a contractual organization with groups of Neighborhood Health Stations may help a developing ACO create a Primary Care base without having to fund it or capitalize it. The Primary Care Trust and multiple Neighborhood Health Stations will be the stronger solution, but could co-exist with ACOs.
- One member said he sees himself being approached by many people who are involved in two different pathways at the same time and don't know which to choose. How will this convince the hundreds of doctors that need to be convinced that the Primary Care Trust is to their advantage when there is no funding for ACO's or the Neighborhood Trust?
- Healthcare and health care systems are now engaged in innovation and ideas. It is not clear now any of these ideas will emerge to create a robust and integrated system. The opportunity lies in advancing this concept to see if we can get buy-in from people in the State Government and from the community as a whole to attempt to get the kind of funding necessary to move this forward. The chances of this becoming successful may not be one hundred percent, it may not even be twenty percent, but if this becomes successful, then we will have succeeded in stabilizing funds and protecting primary care for the foreseeable future
- Is the Primary Care Trust more for non-privately insured patients, or will this be available for everybody?
- The Primary Care Trust will benefit all Rhode Islanders. An incremental approach to administrative simplification that is needed for primary care practices is not likely to occur. Billing for private practices is about ten to twenty percent of payers overhead and it brings no value, and does no good.
- Another member commented on an issue that was not specifically addressed during this ongoing discussion. Many of the graduates entering the workforce are more than one hundred thousand dollars in debt. It is very difficult to convince smart, future-looking individuals who are one hundred fifty thousand dollars in debt to take a job with a salary amount that equals their debt.
- Better scholarship programs are needed. Providing students with scholarships is a great way to show support for primary care, better even than loan forgiveness, because it is a way of recognizing their work in public interest.
- Residents are not being trained the same as they were years ago. Residents now do not get to see community doctors in the hospitals, preventing them from recognizing the next layer of healthcare that lays outside their hospital walls.
- The question for PCPAC members is, if a commission to study the potential value of the Primary Care Trust in more detail is a good idea? Another option is possible in the interim. The state is close to receiving a lump sum of money to assist with the planning around the delivery system and payment reform (through the CMMI State Innovation Model planning grant). There may be an opportunity to use some of that grant money to build one or two demonstrations of Neighborhood Health Stations.
- The question was posed to the PCPAC Committee: Are members willing to endorse the idea of a study commission to test the feasibility of the proposed Primary Care Trust and Neighborhood Health Stations?
- One member added that supporting a multiplicity of models here seems to be in everyone's long term advantage. Rhode Island seems to have already missed the time of the ACO's, and by the time we catch up, it will have become something else. He said as long as we are going to be studying one model, we should all be open to others.

- Another member further contributed into this discussion by informing the members that Rhode Island is only one of two states who have a global waiver for Medicaid. This is a unique opportunity compared to most states who will not receive waivers until next year, and, Rhode Island has an opportunity now.
- Members agreed to write the letter in support of the study commission.

- **Updates**

  - Dr. Fine communicated to the group that Kim Paul will be participating in a PCPAC meeting to speak about Statewide Health Planning. That process is now looking at the areas are of interest for the coming year, and also closely looking for a way to measure the actual cost of the healthcare system in Rhode Island year by year to provide us with a standard comparison as we go forward. For now, the areas of interest are behavioral health, pediatrics and child health, and the primary care policy.
  - Dr. Lange announced the end of her duty as Co-Chair of the PCPAC Committee, and congratulated Dr. David Bourassa as new Co-Chair.
  - Kathleen Heneghan, Comprehensive Cancer Program Manager, informed the group about the programs annual conference which will take place on June 19th, 2013. This year's topic will include building a seamless system of Cancer care. A speaker from the American Cancer Society from the National Survivorship Resource Center will be covering the new resources that are coming along for Primary Care providers, including ten different guidelines for how to bridge the transition between Oncology care and Primary Care.
  - A committee member also provided an update on what is happening in the State House regarding Dr. Fine's Primary Care Trust's study commission. There is a study commission ready to be set up who were going to study the integration of behavioral health and primary care, and now have decided to include the Primary Care Trust. The study commission is formed by twenty-three members whose purpose is to make a comprehensive study of the current status of primary care and behavioral health services in Rhode Island. They will also do research and analyze the impact of behavioral health and primary care services and the availability or each. The commission will also study the architecture of delivery systems, and the advisability of creating the Primary Care Trust or other mechanisms to fund and otherwise support a comprehensive integrated primary care home. PCPAC Committee members unanimously decided to support this study commission.